

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	R&N	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			<u>1</u>	<u>8/13/18</u>	<u>KING'S RESTAURANT LLC (HARMON)</u>
Follow-up	<u>1</u>	<u>1</u>		TIME IN	TIME OUT
Complaint			RATING	<u>2:50PM</u>	<u>4:30PM</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	LOCATION (Address)
Other:				<u>150002846</u>	<u>COMPADRES MALL, HARMON LOOP RD.</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>RESTAURANT</u>				<u>2</u>	<u>681-3464</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	IN	OUT	N/A		Food separated and protected	6
14	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
Chemical						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

Date: 8/3/18

DEH Inspector (Print and Sign)

KATHERINE DUENAS EPHRAIM RAYMUNDO VENER

Follow-up (Circle one): YES NO

Follow-up Date

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME KINGS RESTAURANT LLC (HARMON)		LOCATION (Address) COMPADRES MALL, HARMON LOOP RD.
INSPECTION DATE 8/3/18	SANITARY PERMIT NO. 180002846	PERMIT HOLDER KINGS RESTAURANT LLC

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW-UP INSPECTION WAS CONDUCTED IN RESPONSE TO A RE-INSPECTION REQUEST SUBMITTED BY THE ESTABLISHMENT FOR THE INSPECTION CONDUCTED ON 7/30/18, WHICH RESULTED IN THE SUSPENSION OF SANITARY PERMIT DUE TO IMMINENT HEALTH HAZARD.

THE FOLLOWING VIOLATIONS WERE CORRECTED.
35, 45, 48, AND 52.

NO COCKROACH ACTIVITY OBSERVED DURING TIME OF INSPECTION. INFORMED MANAGER TO WORK WITH THEIR PEST CONTROL COMPANY AND CONTINUE MONITORING AND TREATMENT FOR AN ADDITIONAL SEVEN DAYS TO ENSURE ANY UNHATCHED COOTHECAE (EGG CASINES) ARE ADDRESSED. ALSO INFORMED MANAGER TO FOLLOW CLEANING SCHEDULE THAT WAS APPROVED AND PROTECT FOOD-CONTACT SURFACES AND EQUIPMENT.

COPY OF PEST CONTROL REPORTS FOR ADDITIONAL SEVEN DAYS MUST BE PROVIDED TO THE DIVISION OF ENVIRONMENTAL HEALTH (DEH).

REMOVED "NOTICE OF CLOSURE" PLACARD. WINDOW NEXT TO ISSUED "A" PLACARD NO. 02564 AND POSTED ON FRONT ENTRANCE DOOR. ISSUED THE CLOSURE SANITARY PERMIT PAYMENT ROUTING SLIP, PROVIDED GUIDANCE ON WHERE TO PAY, AND INFORMED MANAGER PAYMENT MUST BE RECEIVED PRIOR TO RE-INSTALLMENT OF SANITARY PERMIT. BRIEFED MANAGER BRANDON SHIBAO.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) KATHERINE DUENAS EDHOTIE	Date: 8/3/18
DEH Inspector (Print and Sign) KATHERINE DUENAS EDHOTIE	Date: 8/3/18